

AB  
J. Smith  
6/17/03  
Lee OK


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: BOLOURCHI, FARHAD et al. )  
SERIAL NUMBER: 09/990,741 ) Group Art Unit: 3611  
FILED: November 21, 2001 ) Examiner: LUM, LEE S.  
FOR: FEEL CONTROL FOR ACTIVE )  
STEERING )

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

This amendment is submitted in response to the Office Action dated March 19, 2003. Please enter the amendments in light of the following remarks. Allowance of all claims is respectfully requested. The Examiner's attention is directed to note that this amendment has been submitted in accordance with the proposed rules waiving the current requirements of 37 C.F.R. §1.121.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>DP-305668</b>	
Applicant(s): <b>Farhad Bolourchi, et al.</b>					
Serial No. <b>09/990,741</b>	Filing Date <b>11-21-01</b>	Examiner <b>Lee S. Lum</b>		Group Art Unit <b>3611</b>	
Invention: <b>FEEL CONTROL FOR ACTIVE STEERING</b>					
<u><b>TO THE COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR:	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25 -	27 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>June 17, 2003</b>		
<b>Troy J. LaMontagne</b> Reg. No. 47,239 Confirmation No. 3330 (860) 286-2929			<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.           Signature of Person Mailing Correspondence           Typed or Printed Name of Person Mailing Correspondence       </div>		
CC:					

